

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Matthew Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 7
Mailing Address 35 Woodvale Ave		<b>Transaction ID:</b> 63f6594083ecdd13ad8 Amount of Each Receipt this Period 500.00
City Greenville	State SC	
Zip Code 29605-1130		
FEC ID number of contributing federal political committee. C		
Name of Employer Professional Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John Miner		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 4721 Old Grand River Trl NE		<b>Transaction ID:</b> acb88a2be44565d4a96 Amount of Each Receipt this Period 500.00
City Ada	State MI	
Zip Code 49301-8615		
FEC ID number of contributing federal political committee. C		
Name of Employer Dermatology Associates of West MI	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Rebekah Oyler		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 1513 Tradescant Ct		<b>Transaction ID:</b> 32cf473bc42018a595b Amount of Each Receipt this Period 250.00
City Raleigh	State NC	
Zip Code 27613-7459		
FEC ID number of contributing federal political committee. C		
Name of Employer Andrus & Associates Dermatology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....